Figure 3-1. Psoriasis vulgaris Primary lesions are well-defined, reddish or salmon-pink papules, droplike, with a loosely adherent silvery-white lamellar scale.

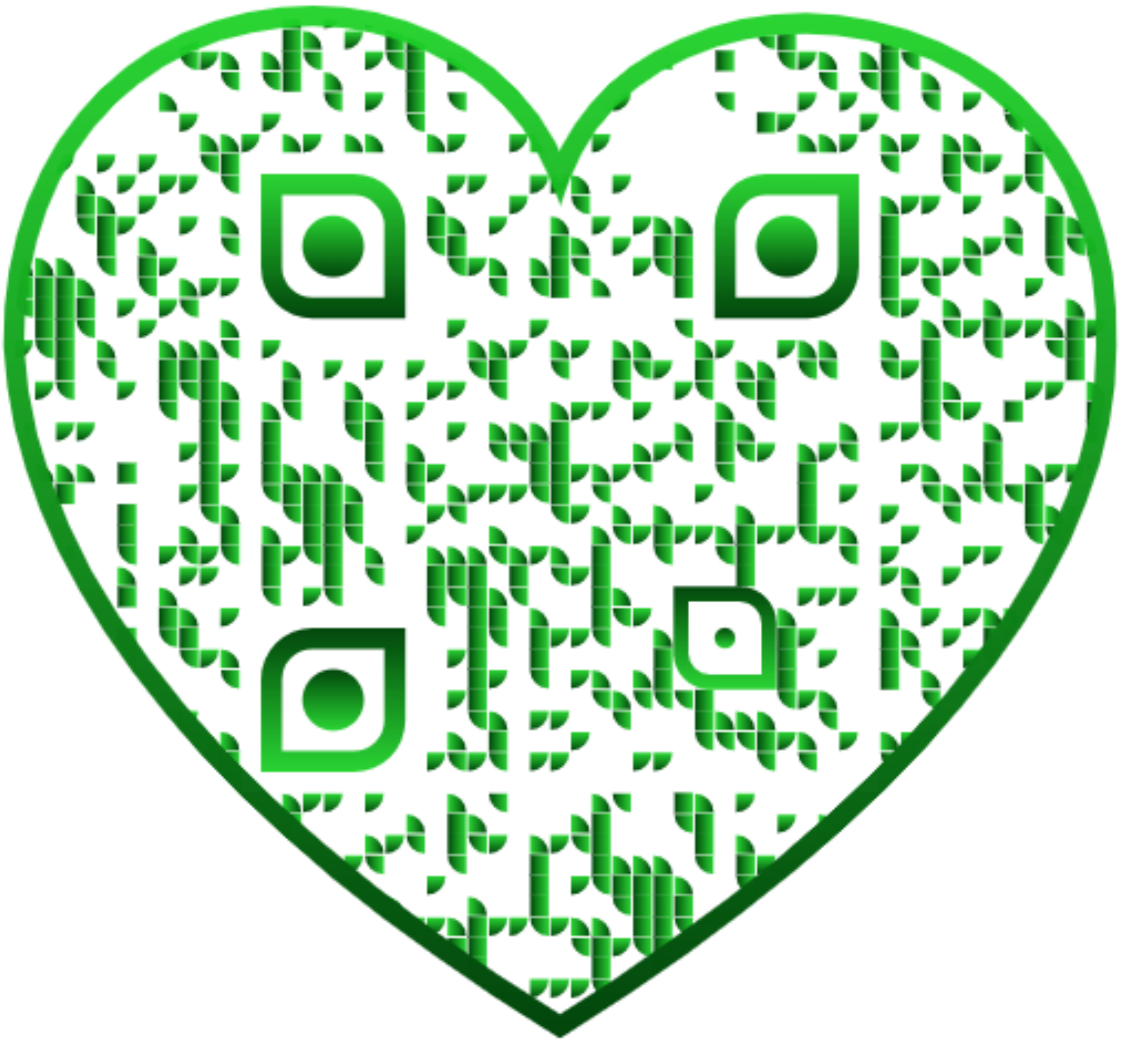

Figure 3-2. Psoriasis vulgaris: buttocks (guttate type) Small, discrete, erythematous, scaling, papules that tend to coalesce, appearing after a group A streptococcal pharyngitis. There was a family history of psoriasis.

Figure 3-3. Psoriasis vulgaris: elbow Chronic stable plaque psoriasis on the elbow. In this location, scales can either accumulate to oyster shell-like hyperkeratosis, or are shed in large sheets revealing a beefy-red base. This plaque has arisen from the coalescence of smaller, papular lesions that can still be seen on lower arm.

Figure 3-4. Psoriasis vulgaris: chronic stable type Multiple large scaling plaques on the trunk, buttock, and legs. Lesions are round or polycyclic and confluent forming geographic patterns. Although this is the classical manifestation of chronic stable plaque psoriasis, the eruption is still ongoing, as evidenced by the small guttate lesions in the lumbar and lower back area. This patient was cleared by acitretin/PUVA combination treatment within 4 weeks.

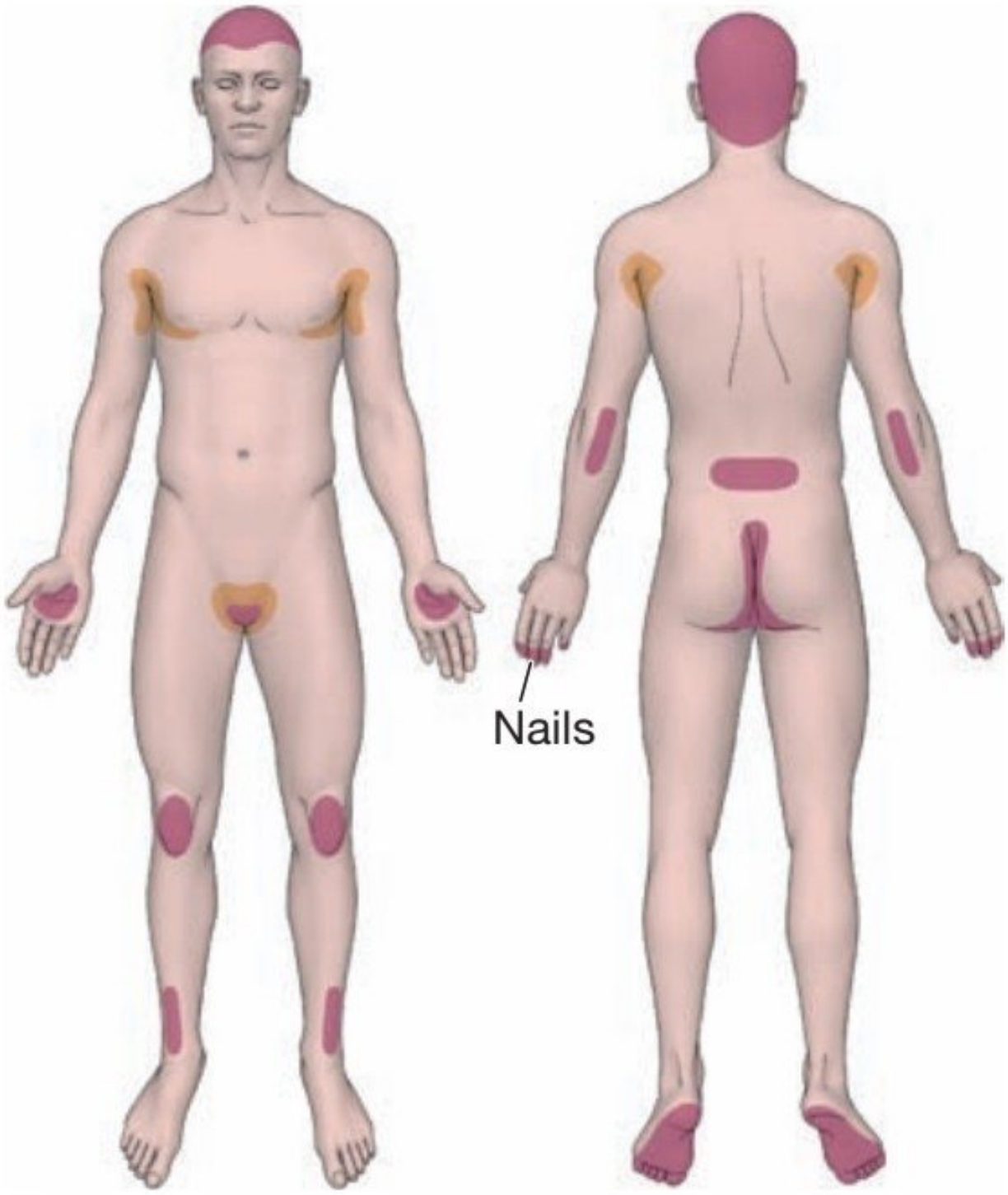

Figure 3-5. Predilection sites of psoriasis.

Figure 3-6. Confluent small psoriatic plaques in a 52-year-old female with HIV disease. She also had psoriatic arthritis. The lesions show less erythema than in Caucasian skin. Because the patient had been using emollients, no scale is noted.

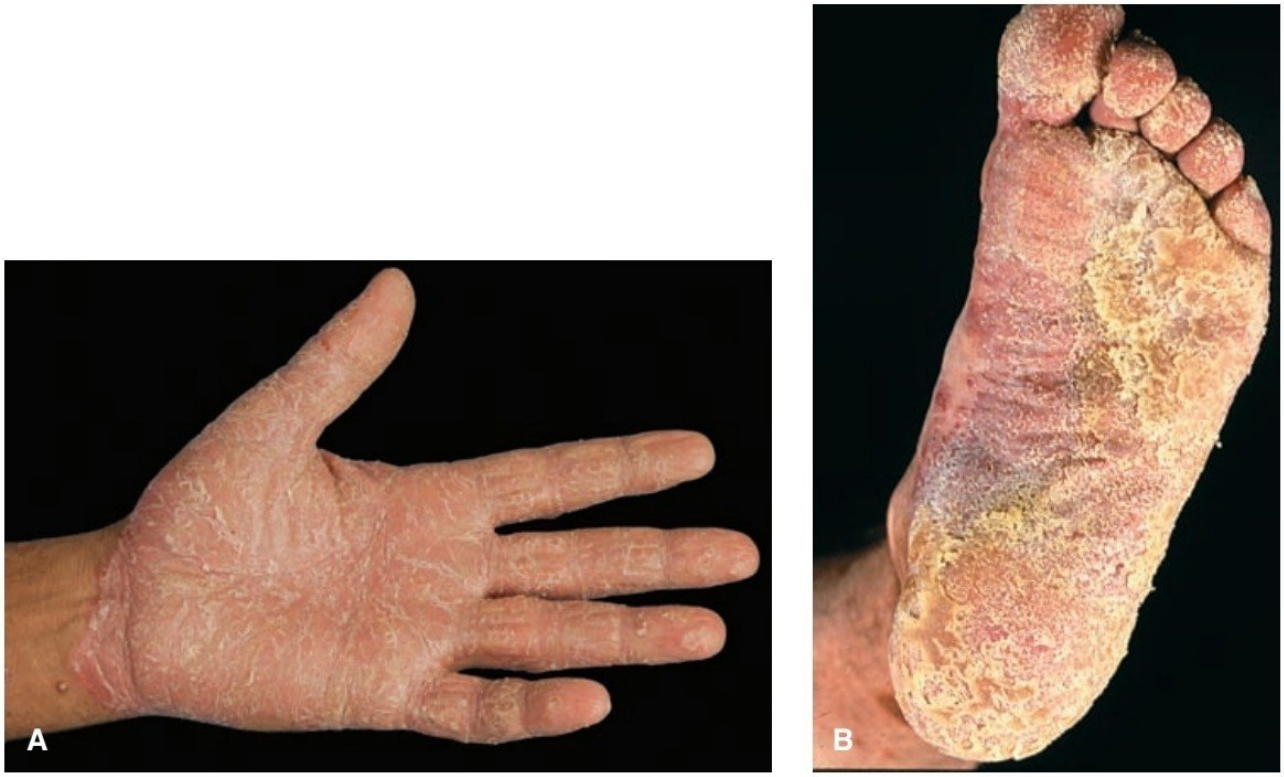

Figure 3-7. (A). Psoriasis, palmar involvement The entire palm is involved by large adherent scales with fissures. The base is erythematous and there is a sharp margin on the wrist. **(B) Psoriasis vulgaris: soles** Erythematous plaques with thick, yellowish, lamellar scale and desquamation on sites of pressure arising on the plantar feet. Note sharp demarcation of the inflammatory lesion on the arch of the foot. Similar lesions were present on the palms.

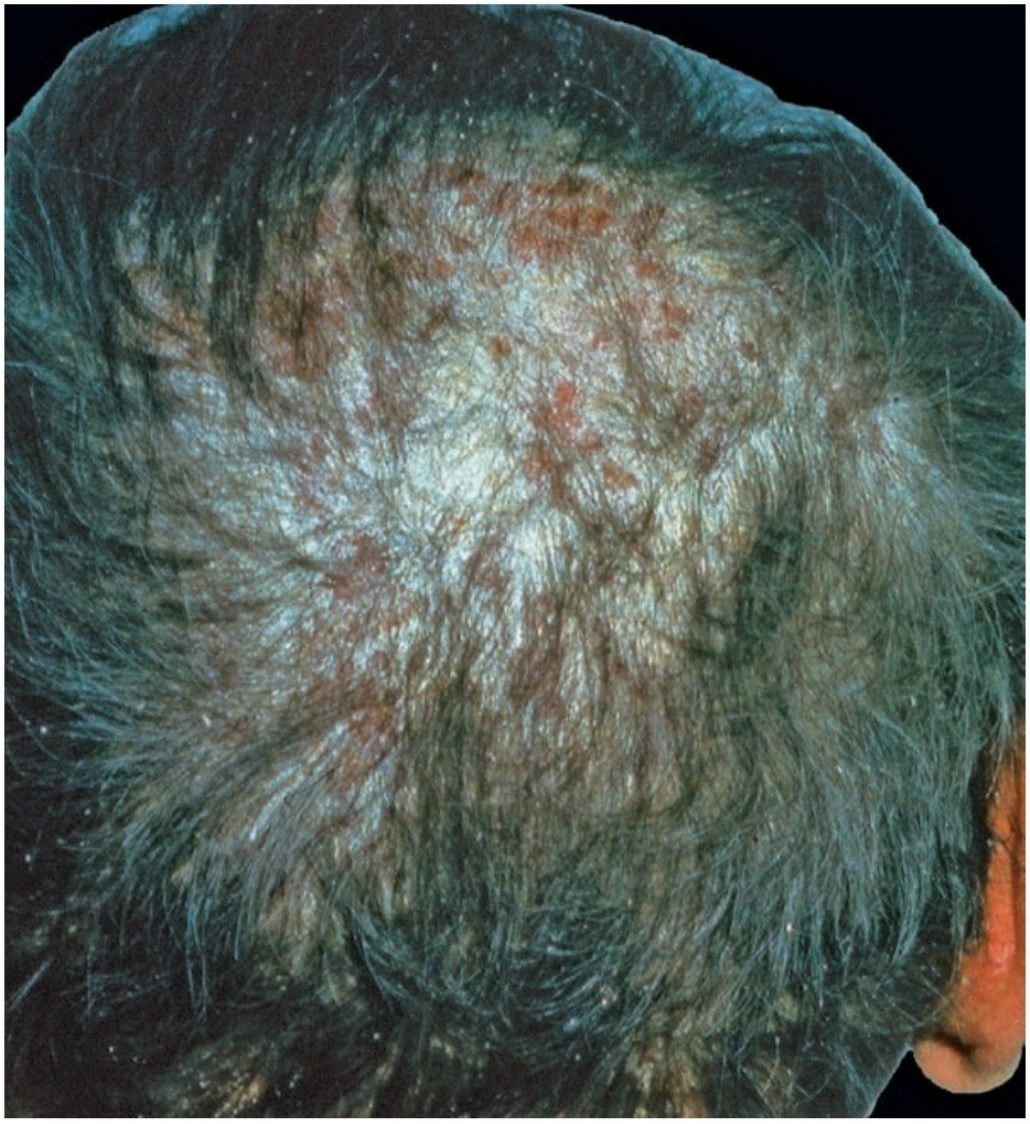

Figure 3-8. Psoriasis of the scalp There is massive compaction of horny material on the entire scalp. In some areas, the thick asbestos-like scales have been shed revealing a red infiltrated base. Alopecia is not due to psoriasis but is androgenetic alopecia.

Figure 3-9. Psoriasis, facial involvement Classic psoriatic plaque on the forehead of a 21-year-old male who also had massive scalp involvement.

Figure 3-10. Psoriasis vulgaris: inverse pattern Because of the moist and warm environment in the submammary region, scales have been macerated and shed revealing a brightly erythematous and glistening base.

Figure 3-11. Psoriasis of the fingernails Pits have progressed to elkonyxis (holes in the nail plates), and there is transverse and longitudinal ridging. This patient also has paronychial psoriasis and psoriatic arthritis (for further images of nail involvement, see Section 34).

Figure 3-12. Palmar pustulosis Creamy-yellow pustules that are partially confluent on the palm of a 28-year-old female. Pustules are sterile and pruritic, and when they get larger, become painful. At the time of this eruption, there was no other evidence of psoriasis anywhere else on the body, but 2 years later the patient developed chronic stable plaque psoriasis on the trunk.

Figure 3-15. Psoriatic arthritis Dactylitis of index finger. Note sausage-like thickening over interphalangeal joints. There is psoriasis of the nail.

Figure 3-16. Pityriasis rubra pilaris (type 1, classic adult) Orange-red follicular papules beginning on the head and neck have coalesced on the chest of a 57-year-old male. There are sharply demarcated islands of unaffected normal skin.

Figure 3-17. Pityriasis rubra pilaris (type 1, classic adult) Orange-reddish papules have coalesced to near erythroderma, sparing isolated islands of normal skin. Also note involvement of the hands in this 55-year-old woman.

Figure 3-18. Pityriasis rubra pilaris in black skin Here papules do not have the classical orange color seen in Caucasians but are brown and therefore pose a diagnostic problem. Their shape and distribution and the areas of spared normal skin are diagnostic clues.

Figure 3-19. Pityriasis rubra pilaris on palms There is diffuse, waxy hyperkeratosis with an orange hue.

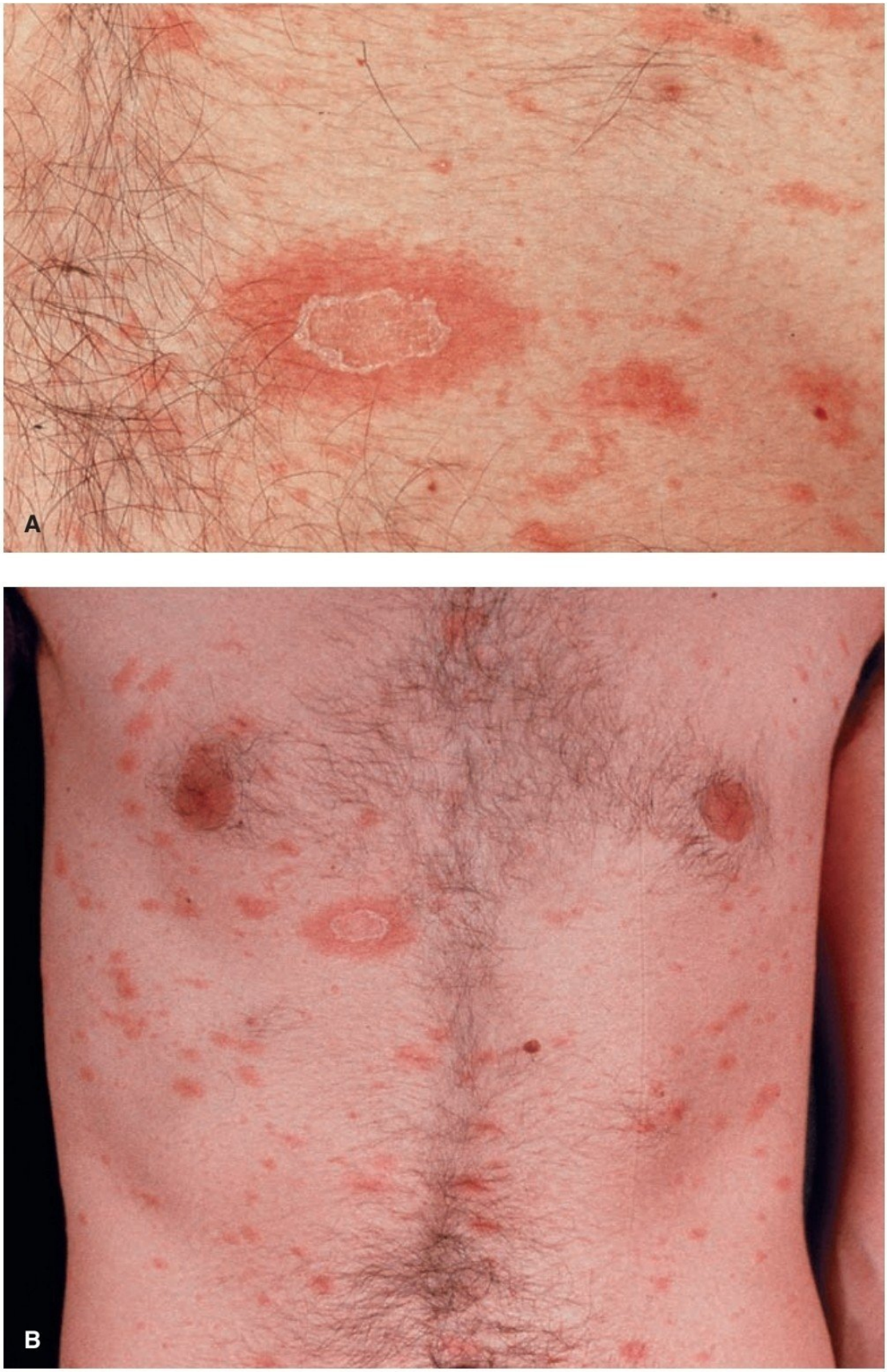

Figure 3-20. Pityriasis rosea (A). Herald patch. An erythematous (salmon-red) plaque with a collarette scale on the trailing edge of the advancing border. Collarette means that scale is attached at periphery and loose toward the center of the lesion. **(B)** Overview of exanthem of pityriasis rosea with the herald patch shown in part **(A).** There are papules and small plaques with oval configurations that follow the lines of cleavage. The fine scaling of the salmon-red papules cannot be seen at this magnification, while the collarette of the herald patch is obvious.

Figure 3-21. Pityriasis rosea Distribution "Christmas tree" pattern on the back.

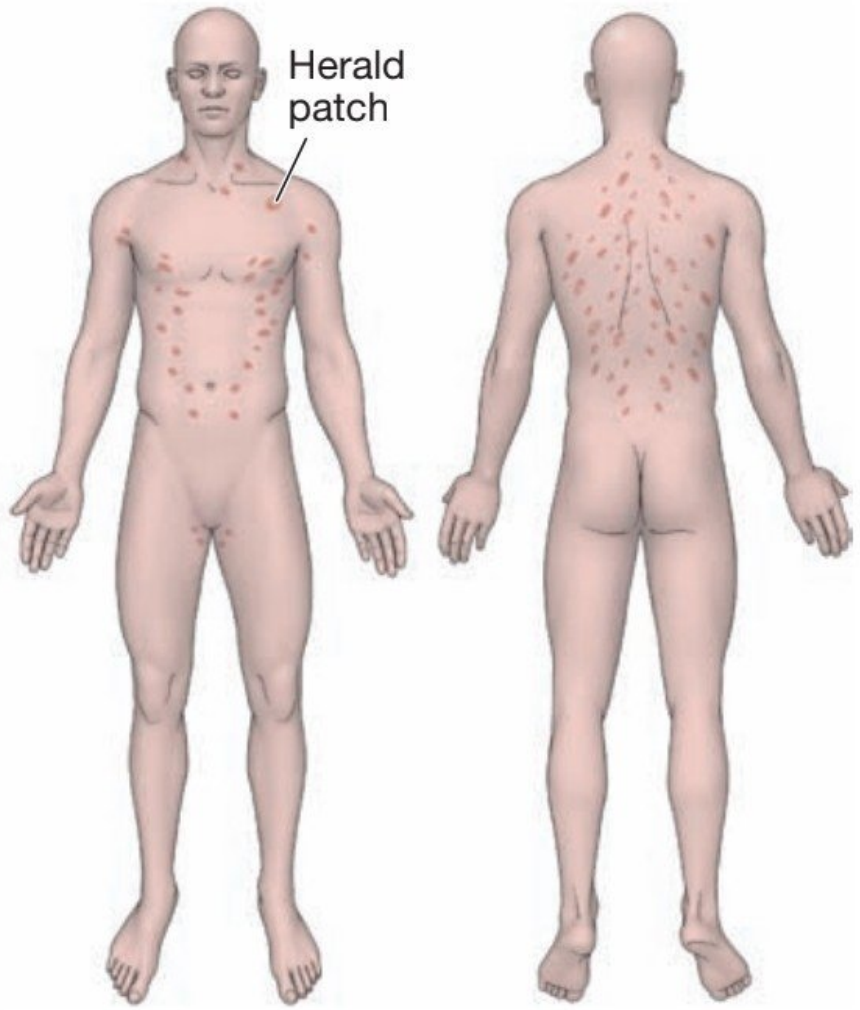

Figure 3-22. Digitate dermatosis (small-plaque parapsoriasis) (A). The lesions are asymptomatic, yellowish or fawn-colored, very thin, well defined, slightly scaly and superficially wrinkled patches. They are oval and follow the lines of cleavage of the skin, giving the appearance of a "hug" that left fingerprints on the trunk. The long axis of these lesions often reaches more than 5 cm. **(B)** Close up of smaller lesions showing wrinkling of surface.

Figure 3-23. Large-plaque parapsoriasis (parapsoriasis en plaques) (A) The lesions are asymptomatic, well-defined, rounded, slightly scaly, thin plaques, or patches. The lesions can be larger than 10 cm and are light red-brown or salmon-pink. There may be atrophy in some areas. The lesions here are located on the extremities, but they are more commonly noted on the trunk. These lesions must be carefully followed, and repeated biopsies are necessary to detect mycosis fungoides. This entity may be considered as a prestage of mycosis fungoides. **(B)** Close up of lesions showing minimal scaling and wrinkled surface.

Figure 3-24. Pityriasis lichenoides et varioliformis acuta (PLEVA) (A) Randomly distributed red papules of different size, some of which show hemorrhagic crusting. In this 5-year-old child, the eruption appeared in crops over a period of 10 days. **(B) PLEVA** lesions in a 38-year-old Indonesian man. Lesions are more hyperpigmented and there is considerable scaling and crusting. **(C) Pityriasis lichenoides chronica (PLC)** Discrete papules with fine mica-like scales that become more visible after slight scraping. In contrast to PLEVA, there is no hemorrhagic crusting.